

COMPLIANCE CHECKLIST

► **Imaging Suite**

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

<p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p>	<p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p>
--	---
3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****5.5** GENERAL

- 5.5.1.2** ☐ Access to beds & stretchers from other departments
☐ Suite is accessible to emergency, surgery, cystoscopy & outpatient departments
- 5.5.1.4** ☐ Floor structure adequate for specified loads

5.5.2 ANGIOGRAPHY

- ☐ check if service not included in suite
- A5.5.2.1(1)** ☐ Procedure rooms min. 400 sf

- ☐ Vent. min. 15 air ch./hr
☐ positive pressure
☐ low air return registers

- 5.5.2.1(2)** ☐ Post-procedure observation of outpatients within facility
- 5.5.2.2** ☐ Control room (fully enclosed)
☐ view window for full view of patient
- 5.5.2.3** ☐ Film viewing area
- 5.5.2.4** ☐ Scrub station located outside staff entry to procedure rm
- 5.5.2.5** ☐ Storage for portable equipment & catheters
- 5.5.2.6** ☐ Patient holding area
☐ capacity for 2 stretchers per procedure room

5.5.3 COMPUTERIZED TOMOGRAPHY (CT) SCANNING

- ☐ check if service not included in suite
- 5.5.3.1** ☐ CT scanning room sized to accommodate equipment
☐ floor area conforms to installation plans from equipment manufacturer
- 5.5.3.2** ☐ Control room
 (1) ☐ view window for full view of patient
 (2) ☐ control operator has view of patient's head
 (3) ☐ film or digital image processing convenient to control room
- 5.5.3.4** ☐ Patient toilet
☐ located convenient to CT scanning room
☐ direct access from scanning room & corridor **or** ☐ access from corridor only

- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr
- ☐ Vent. min. 4 air ch./hr
- ☐ Min. 10 air ch./hr (exhaust)
☐ Handwashing station
☐ Emerg. pull-cord call station

5.5.4 DIAGNOSTIC X-RAY

- 5.5.4.1** Radiography rooms:
☐ check if service not included in suite
☐ sized for equipment
☐ min. 180 sf (except for chest X-ray only)

- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr

- 5.5.4.2** Tomography rooms:
☐ check if service not included in suite
A5.5.4.2 ☐ min. 250 sf
5.5.4.2(1) ☐ separate toilet rooms
☐ direct access from R/F room
☐ direct access to corridor

- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station

- 5.5.4.2** Radiography/fluoroscopy rooms:
☐ check if service not included in suite
A5.5.4.2 ☐ min. 250 sf
5.5.4.2(1) ☐ separate toilet rooms
☐ direct access from R/F room
☐ direct access to corridor

- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station

2.1- ARCHITECTURAL REQUIREMENTS

- Policy Bone densitometry rooms:
☐ check if service not included in suite
 ___ sized for equipment
- 5.5.4.3** Mammography rooms:
☐ check if service not included in suite
 A5.5.4.3 ▪ min. 100 sf
- 5.5.4.4** ___ Shielded control alcove at each X-ray room
 (except for mammography rooms)
 ___ view window w/ full view of patient/exam table
- 5.5.5** MAGNETIC RESONANCE IMAGING (MRI)
☐ check if service not included in suite
 ___ Number of MRI units is **or** | ___ DoN approval letter is
 unchanged | attached
- 5.5.5.1** ___ MRI room
 (1) ___ floor area conforms to installation plans from
 equipment manufacturer
 (2) ___ min. 325 sf
- 5.5.5.3** ___ Control room
 ___ full view of MRI
- 5.5.5.4** ___ Inpatient holding area
 ___ convenient to MRI room
- 5.5.5.5** ___ Computer room
- 5.5.5.7** ___ Cryogen storage space
 ___ Super-conducting MRI
☐ check if service not included in suite
- 5.5.6** ULTRASOUND
☐ check if service not included in suite
- 5.5.6.1** ___ Space to accommodate functional program
- 5.5.6.2/** ___ Pelvic ultrasounds **or** | ___ No pelvic ultrasounds
 Policy ___ patient toilet
 ___ accessible from
 procedure room
- 5.5.8** ___ SUPPORT AREAS
- 5.5.8.2** ___ Offices for radiologist(s) & assistant(s)
 ___ provisions for viewing, individual consultation &
 charting
- 5.5.8.1** ___ Control desk & reception area
- 5.5.8.4** ___ Consultation area for radiologist & referring clinician
- 5.5.8.5** ___ Inpatient holding area
 ___ convenient to imaging rooms
 ___ under staff control
- 5.5.8.6** ___ Clerical offices/spaces
- 5.5.8.10** ___ Housekeeping room
 ___ storage space for equipment & supplies
- 5.5.8.11** ___ Clean storage, for clean linen & supplies
- 5.5.8.12** ___ Soiled holding
- 5.5.8.14** ___ Locked storage for medications

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr
- ___ Handwashing station convenient
 to MRI room
 ___ Vent. min. 6 air ch./hr
 ___ 1 OX, 1 VAC, 1 MA
 ___ Magnetic shielding
- ___ Vent. min. 10 air ch./hr
 ___ direct separate exhaust
 ___ Cryogen venting
 ___ Emergency exhaust
- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr
- ___ Handwashing station
 ___ Vent. min. 10 air ch./hr (exhaust)
 ___ Emerg. pull-cord call station
- ___ Service sink or floor receptor
 ___ Vent. min. 10 air ch./hr (exhaust)
- ___ Handwashing station
 ___ Vent. min. 10 air ch./hr (exhaust)

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 5.5.9** ☐ Staff facilities
☐ convenient access to staff lounge & lockers
☐ toilet rooms
☐ 3 or more **or** ☐ less than 3 procedure rooms
☐ staff toilets within imaging suite ☐ staff toilets convenient to imaging suite
- 5.5.10.1 (1)** ☐ Patient waiting area
☐ out of traffic
☐ under staff control
☐ separate areas for inpatients & outpatients
☐ with visual separation
- 5.5.10.2** ☐ Patient toilet rooms
☐ convenient to waiting rooms
- 5.5.10.3** ☐ Patient dressing rooms
☐ convenient to waiting and imaging rooms
☐ seat or bench & mirror
☐ provisions for hanging clothes
☐ provisions for secure storage of valuables
- Policy ☐ Film handling facilities:
☐ check if service not included in imaging suite
 (only if all imaging data is digitally transmitted & recorded)
- 5.5.8.7** ☐ Darkroom
☐ located near procedure rooms & quality control area
- 5.5.8.8** ☐ Quality control area
☐ located near processor for viewing film after processing
- 5.5.8.9** ☐ Contrast media preparation room **or** ☐ Contrast media storage when pre-prepared media is used
☐ counter
☐ sink
☐ storage
- 5.5.8.13(1)** ☐ Film storage (active) room
☐ cabinets or shelves for filing and immediate retrieval of patient films
- 5.5.8.13(2)** ☐ Film storage (inactive) room or area
☐ protection from loss or damage
- 5.5.8.13(3)** ☐ Storage for unexposed film
☐ protection from exposure or damage
- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Vent. min. 12 air ch./hr (exhaust)
☐ Handwashing stations
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station
☐ Min. 10 air ch./hr (exhaust)
☐ View boxes with consistent lighting for comparison of several adjacent films
☐ Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**DETAILS AND FINISHES**Corridors

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

*No waivers accepted

- ___ Min. staff corridor width 5'-0" (8.2.2.1(1))
- ___ Fixed & portable equipment recessed does not reduce required corridor width (8.2.2.1(2))
- ___ Work alcoves include standing space that does not interfere with corridor width (Policy)
- ☐ check if function not included in suite

Ceiling Height (8.2.2.2)

- ___ Ceiling height min. 7'-10", except:
- ___ 7'-8" in corridors, toilet rooms, storage rooms
- ___ sufficient for ceiling mounted equipment
- ___ min. clearance under suspended pipes/tracks:
- ___ 7'-0" AFF in bed/stretchers traffic areas
- ___ 6'-8" AFF in other areas

Doors (8.2.2.3)

- ___ All doors are swing-type
- ___ Doors for stretchers or wheelchairs min. 2'-10" wide
- ___ Doors to occupiable rooms do not swing into corridors
- ___ Toilet room doors are outswinging or double-acting
- ___ Emergency access hardware on patient toilet doors

Glazing (8.2.2.7)

- ___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

- ___ Handwashing sink
- ___ Soap dispenser
- ___ Hand drying facilities

Grab Bars (8.2.2.9)

- ___ Grab bars in all patient toilets & bathing facilities
- ___ 1½" wall clearance
- ___ 250 lb. Capacity

Floors

- ___ Thresholds & exp. joints flush with floor surface (8.2.2.4)
- ___ Floors easily cleanable & wear-resistant (8.2.3.2)
- ___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

- ___ Wall finishes are washable
- ___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

- ___ Handwashing sinks
- ___ hot & cold water
- ___ anchored to withstand 250 lbs. (8.2.2.8)
- ___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)
- ___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

- ___ Mech. ventilation provided per Table 2.1-2
- ___ Exhaust fans located at discharge end (10.2.4.3)
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

- ___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)
- ___ nurses call system connected to emergency power circuits
- ___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)